U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

> For Official Use Only S Rocd

ans ray

3. Name and address of person filing.

1. File Number U -

Ε

Signed

Form LM-30 (2003)

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

1 / 1 / 2004 Through: 12/31 / 2004

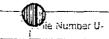
0080 024-516

Telephone Number

Page 1 of 2

Name James R Santangelo	Name Local One, Analgonated Lithographers
3	Labor Organization File Number 035 - 319
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2 Eastein Drive	Street 113 University Place
City New Hyde Parks	City New York
State New York ZIF Code +4 11040	State New York ZIP Code + 4 10003
5. Position in labor organization. Controller - Employee	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
DO DO DIA GOTA NO 16 AND 16 AN	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing James R. S	antangelo File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	alue from a business (1) a erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Analganated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11-15 Union Square City New York State 282 Jolk ZIP Code + 4 1000 S	9. Business deals with: a. Labor Organization b. Trust c. Employer
State Peo Jojk ZIP Code + 4 1000 5 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. (ustodial Bank Investment Manager Services.
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Holizay Gift and activities (did not afterd)
	12.b. Amount. 342.31
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.



B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any), 9. Business deals with: Name Amalganated a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer ZIP Code + 4 VS OO 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Custon Bay Engine Novezec Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Fundrales Advolutes of Childy dans 601 584 6575 Cesar Museum 1985 12.b. Amount. C. Received from any employer (other than an employer covered under parts Arand B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.b. Amount of payment.

or Consultant

Street

State

Name 經 三編記標模

Trade Name, If any:

P.O. Box, Sldg., Room No., if any

13.b. Is the Business an Employer 🙏 :

E. Haid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization Trade Name, if any: 🗟 b. Trust P.O. Box, Bldg., Room No., if any c. Employer City ZIP Code + 4 ELONS State 11,a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. To so a series Trade Name, If any: 圖麗 P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4 ph.

14.b. Amount of payment.



B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization Trade Name, If any: 聖詩書 P.O. Box, Bldg., Room No., if any c. Employer 斯 ZIP Code + 4 图 59 10 State 10. If 9.b. or 9.c. is checked give trust or employer's name, Trade Name, If any: P.O. Box, Bldg., Room No., If any 11.b. Approximate dottar value of such dealing. 12.a. Nature of interest held or income received Wo CRAID SECURIZED AVE 12.b, Amount,

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant

14.a. Nature of paymen

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bidg., Room No., if any

Street

City

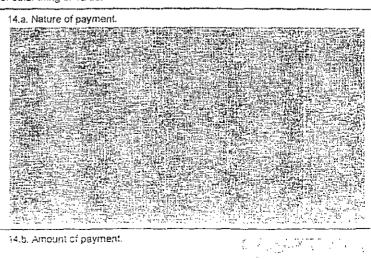
State

2IP Code + 4

13.b. is the Business an Employer

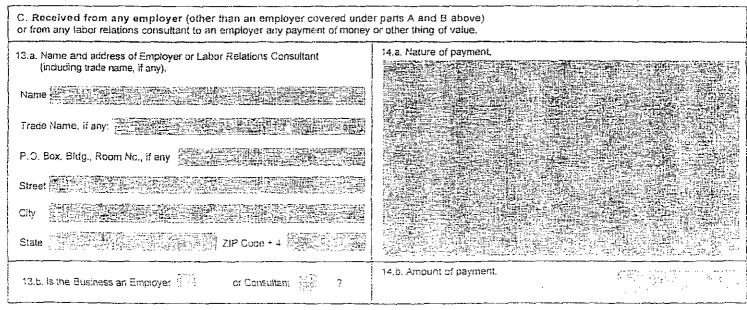
or Consultant

?





5. Held an interest in or gerived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization Trade Name, if any: b. Trust P.O. Box. Bidg., Room No., if any c. Employer 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. 12,a. Nature of interest held or income received feece century es on into tolo



12.b. Amount,